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| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Michael First name R. Middle name Rangel Last name and Suffix (Sr., Jr., II, III) | Tammy First name L. Middle name Rangel Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Mike R. Rangel | FKA Tammy L. Martin |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1513 | xxx-xx-0699 |

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Debtor 1 Michael R. Rangel Debtor 2 Tammy L. Rangel

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): ness name or EINs. I have not used any business name or EINs. | | | |
|------------|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 814 E. 14th St. | 202 9th Ave., Apt. B | | | |
| | | Sterling, IL 61081 Number, Street, City, State & ZIP Code | Sterling, IL 61081 Number, Street, City, State & ZIP Code | | | |
| | | Whiteside | Whiteside | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| Deb | otor 2 | Tammy L. Rangel | | | | | Case number (if known) | |
|---|-------------------------|---|---|--|---|-------------------------------|---|---------------|
| | | | | | | | | |
| Par | t 2: | Tell the Court About \ | our Bankr | uptcy Ca | se | | | |
| 7. The chapter of the Bankruptcy Code you are choosing to file under | | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | cnoo | sing to me under | ■ Chapte | er 7 | | | | |
| | | | ☐ Chapte | er 11 | | | | |
| | | | ☐ Chapte | er 12 | | | | |
| | | | ☐ Chapte | er 13 | | | | |
| | | | | | | | | |
| 8. | How | you will pay the fee | abo orde | ut how yo | u may pay. Typically attorney is submittin | , if you are paying the fee y | ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or c | or money |
| ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Interpretation for Installments (Official Form 103A). | | | | on, sign and attach the Application for Individual | s to Pay | | | |
| | | | | J | ` | , | n only if you are filing for Chapter 7. By law, a ju | dge may, |
| | | | but i | s not req | uired to, waive your | fee, and may do so only if yo | our income is less than 150% of the official pover n installments). If you choose this option, you mu | rty line that |
| | | | | | | | cial Form 103B) and file it with your petition. | JSt IIII Out |
| | | | | | | | | |
| 9. | bank | you filed for ruptcy within the | ■ No. | | | | | |
| | last 8 | B years? | ☐ Yes. | | | | | |
| | | | | District | | When | Case number | |
| | | | | District | | When | | |
| | | | | District | - | When | Case number | |
| | | | | | | | | |
| 10. | | ny bankruptcy s pending or being | ■ No | | | | | |
| | filed not fi you, | by a spouse who is ling this case with or by a business er, or by an | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 44 | D | | | 0-4-1 | in - 40 | | | |
| 11. | | ou rent your ence? | ■ No. | Go to l | | | | _ |
| | | | ☐ Yes. | Has yo | | an eviction judgment agains | st you and do you want to stay in your residence | ? |
| | | | | | No. Go to line 12. | | | |
| | | | | | Yes. Fill out <i>Initial</i> S bankruptcy petition. | | Judgment Against You (Form 101A) and file it w | ith this |

Debtor 1 Michael R. Rangel

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| Deb | otor 2 Tammy L. Rangel | | | | Case number (if known) | | |
|---|--|----------|---|---|---|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor | | | | | | |
| | of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Checi | k the appropriate bo | ox to describe your business: | | |
| ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | e | | |
| 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for in 11 U.S.C. 1116(1)(B). | | | | a small business debtor, you must attach your most recent balance sheet, statement of | | | |
| | debtor? For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have An | / Hazardo | us Property or An | y Property That Needs Immediate Attention | | |
| | Do you own or have any | ■ No. | , | <u></u> | , | | |
| | property that poses or is alleged to pose a threat | _ | | | | | |
| | of imminent and identifiable hazard to | ☐ Yes. | What is | he hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? | | the property? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Debtor 1

Michael R. Rangel

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Debtor 1 Michael R. Rangel

Debtor 2 Tammy L. Rangel Case number (if known)

Part 5: E

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-81761 Doc 1 Filed 07/25/16 Entered 07/25/16 16:47:25 Desc Main Document Page 6 of 56

| | tor 1 tor 2 | Michael R. Rangel Tammy L. Rangel | | Document | 1 age 0 0 | | umber (if known) | |
|--|--|--|--|--|---|---|---------------------------------|--|
| Part | t 6: | Answer These Questi | ons for Rep | orting Purposes | | | | |
| | Wha | t kind of debts do have? | 16a. A | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. | | | | |
| | | | 16b. A | ■ Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. □ Yes. Go to line 17. | | | | |
| | | | | tate the type of debts you owe that | at are not consur | ner debts or bus | siness debts | |
| 17. | | you filing under oter 7? | □ No. I | am not filing under Chapter 7. Go | to line 18. | | | |
| | after prop adm are p be a distr | ou estimate that any exempt erty is excluded and inistrative expenses baid that funds will vailable for ibution to unsecured itors? | — 163. a | am filing under Chapter 7. Do you re paid that funds will be available ■ No]Yes | | | | cluded and administrative expenses |
| 18. | | many Creditors do estimate that you ? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,0 |) | | 25,001-50,000 50,001-100,000 More than100,000 |
| 19. | estir | much do you nate your assets to orth? | | , | □ \$1,000,001 □ \$10,000,001 □ \$50,000,001 □ \$100,000,00 | - \$50 million - \$100 million | | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion |
| 20. | | much do you nate your liabilities ?? | \$100,00 | ,000 - \$100,000 1 - \$500,000 1 - \$1 million | \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,00 | - \$50 million - \$100 million | | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion |
| Part | t 7: | Sign Below | | | | | | |
| For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | napter 7, 11,12, or 13 of title 11, | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | ney to help me fill out this | |
| | | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | y by fraud in connection with a | |
| | | | | | | /s/ Tammy L Tammy L. R Signature of D | angel | |
| | | | Executed or | MM / DD / YYYY | | Executed on | July 25, 20 MM / DD / YY | |

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| Dahtar 4 | Michael B. Bangel | Document | Page 7 of 56 | | |
|----------------------|--|--|--------------------------|------------------------|-----------------------------|
| Debtor 1 Debtor 2 | Michael R. Rangel Tammy L. Rangel | | Ca | se number (if known) | |
| | | | | | |
| • | attorney, if you are ed by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the state of th | ed States Code, and have | explained the relief a | vailable under each chapter |
| • | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | | ` ' | . , , , , , |
| | | /s/ Kelli D. Walker | Date | July 25, 2016 | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | Kelli D. Walker | | | |
| | | Printed name | | | |
| | | Kelli D. Walker, Attorney at Law, P.C. | | | |
| | | Firm name | | | |
| | | 1202 E. 4th Street | | | |
| | | Sterling, IL 61081 | | | |
| | | Number, Street, City, State & ZIP Code | | | |

Email address

Contact phone **815-535-0808**

6207996Bar number & State

kelliwalker158@gmail.com

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| | | Docume | ent Page 8 of 56 | |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael R. Range | el . | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tammy L. Range | I | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 89,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 43,879.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 132,879.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 94,660.10 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 53,866.84 |
| | Your total liabilities | \$ | 148,526.94 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,480.03 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,472.30 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| 7. | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal | . familv. or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Document Page 9 of 56 Debtor 1 Michael R. Rangel Debtor 2 Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ 7,008.65 |
|----|--|----------------|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Tammy L. Rangel

| | Tot | tal claim |
|--|-----|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Cas | se 16-8176 | 1 Doc 1 | | 07/25/16 ument | Entered 07/25/16 Page 10 of 56 | 6 16:47:2 | 25 Des | sc Main | |
|----------------------|--|---|---|--------------------------|--|--|--------------------------|----------------|---|------------------|
| Fill | in this inform | ation to identify | your case and th | nis filing |): | | | | | |
| Deb | otor 1 | Michael R. R | | e Name | | Last Name | | | | |
| | otor 2 buse, if filing) | Tammy L. R | | e Name | | Last Name | | | | |
| Uni | ted States Ban | kruptcy Court for | the: NORTHER | N DIST | RICT OF ILLIN | IOIS | | | | |
| Cas | se number | | | | | - | | | ☐ Check if the amended | |
| Sc | chedule | m 106A/E A/B: Pi | roperty | an asset | only once If a | n asset fits in more than one o | eategory list | the asset in | | 12/15 ere vou |
| hink nfor Ansv | k it fits best. Be mation. If more wer every quest | as complete and a space is needed, ion. | accurate as possib attach a separate s | le. If two heet to th | married people nis form. On the | e are filing together, both are e e top of any additional pages, on or Have an Interest In | qually respon | nsible for su | pplying correct | • |
| | No. Go to Part Yes. Where is | | | | | | | | | |
| 1.1 | | _ | | What | is the property | ? Check all that apply | | | | |
| | 814 E. 14th Street address, if | available, or other des | scription | | Single-family h Duplex or mult Condominium | ti-unit building | the amount of | of any secured | ims or exemptions I claims on <i>Sched</i> as <i>Secured by Pro</i> | lule D: |
| | Sterling | IL State | 61081-0000 | 0 | Land | or mobile home | Current valuentire prope | erty? | Current value of portion you ow | n? |
| | City | State | ZIP Code | Uho | Investment pro Timeshare Other has an interest | in the property? Check one | Describe the | simple, tena | our ownership in nncy by the entire | |
| | | | | | | and property: oneskone | Joint tena | ant | | |
| | Whiteside | | | | Debtor 2 only | | | | | |
| | County | | | | | the debtors and another | (see instr | uctions) | munity property | |
| | | | | | rintormation your retrieved in the control of the c | ou wish to add about this item on number: | , such as loca | aı | | |
| | | | | Only | Debtor 1 re | esides in house. | | | | |
| | | | | | | | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$89,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| rucks, tractors, sport utility ve | | ase number (if known) | |
|--|--|---|---|
| adoto, tractors, sport atmity ve | hicles, motorcycles | | |
| | | | |
| Nissan Maxima 2007 ate mileage: 167,000 | Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| rmation: | ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | \$3,821.00 | \$3,821.00 |
| Chevrolet Malibu | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. |
| 2013 ate mileage: 36000 rmation: | □ Debtor 2 only□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | ☐ Check if this is community property (see instructions) | \$15,021.00 | \$15,021.00 |
| Pontiac Grand Prix 1991 ate mileage: Unknown | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| run. Belongs to ' daughter | ☐ At least one of the debtors and another ☐ Check if this is community property | \$400.00 | \$400.00 |
| | Maxima 2007 ate mileage: 167,000 rmation: Chevrolet Malibu 2013 ate mileage: 36000 rmation: Pontiac Grand Prix 1991 ate mileage: Unknown rmation: run. Belongs to | Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 1 and Debtor 3 and another Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 1 only Debtor 1 only Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 3 only Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 5 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and another Debtor 6 least one of the debtors and a | Maxima Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Interest in the property? Check one Debtor 1 only Current value of the entire property? At least one of the debtors and another Chevrolet Malibu Debtor 1 only Debtor 1 only Do not deduct secured the amount of any secured the amou |

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Debtor 1 Michael R. Rangel

Debtor 2 Tammy L. Rangel Case number (if known)

Household goods and furnishings:

Kitchen table and chairs - \$50, couch - \$75, two side chairs - \$100, end table - \$15, book shelf - \$20, TV - \$100, TV stand - \$40, wall decor - \$50, queen bed - \$100, queen size bedding - \$40, dresser - \$75, twin bed and bedding - \$95, dresser - \$75, night stand - \$10, TV - \$50, TV stand - \$20, snow blower - \$20, towels/wash cloths - \$20, pots and pans - \$20, plates and glasses - \$10, microwave - \$10, X-Box system and games - \$120, TV - \$50, sofa sleeper and love seat - \$200, end table - \$10, dining room table and chairs - \$50, refrigerator - \$200, dishwasher - \$75, sofa/chair/ottoman - \$75, queen bed - \$200, dresser - \$40, night stand - \$10, TV - \$40, twin bed - \$50, dresser - \$20, TV stand - \$20, night stand - \$5, mini refrigerator - \$40, weight set and bench - \$40, washer and dryer - \$100, freezer - \$40, surround sound - \$30, TV - \$100, 8 bar stools - \$75, lawn mower - \$75, snow blower - \$100, patio table and chairs - \$50, hot tub - \$1500, misc. - \$500.

\$4,810.0

| | \$50, not tub - \$1500, misc \$500. | |
|------------|--|---|
| <i>E</i> : | ectronics xamples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners including cell phones, cameras, media players, games No Yes. Describe | ; music collections; electronic devices |
| | See household goods and furnishings. | \$0.00 |
| E) | billectibles of value xamples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta other collections, memorabilia, collectibles No Yes. Describe | mp, coin, or baseball card collections; |
| E) ■ | uipment for sports and hobbies xamples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments No Yes. Describe | canoes and kayaks; carpentry tools; |
| E | irearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe | |
| | Elothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe Wearing apparel | \$400.00 |
| | rreating apparer | |
| | ewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches No Yes. Describe | |
| | Miscellaneous costume jewelry | \$10.00 |

| | Case 16-8 | | Doc 1 | |)7/25/16 Iment | Entere Page 13 | ed 07/25/16 1 3 of 56 | 6:47:25 | Desc Main |
|---|--|---|--|---|---|--|--|--------------------|---|
| Debtor 2 | | | | | | | | ber (if known) | |
| Exa ■ No | e farm animals camples: Dogs, cats, b co es. Describe | oirds, hor | ses | | | | | | |
| ■ No | other personal and o es. Give specific info | | | u did not a | Iready list, ir | ncluding any | y health aids you d | lid not list | |
| for | ld the dollar value o Part 3. Write that r | number Í | nere | | _ | - | | attached | \$5,220.00 |
| | Describe Your Finance own or have any le | | | est in any o | of the follow | ing? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | <i>amples:</i> Money you h | | | | | | on hand when you f | file your petition | on |
| | | | | | | | | | |
| | | | | | | | Cash | | \$40.00 |
| Exa | institutions. | | other financia ve multiple acc | | | titution, list e | ares in credit unions | | \$40.00 nouses, and other similar |
| Exa | amples: Checking, sa institutions. I o | | e multiple acc | counts with | the same ins | titution, list e | ares in credit unions ach. | | <u>-</u> |
| Exa | amples: Checking, sa institutions. I o | If you hav | e multiple acc | account | Institution n | titution, list e | ares in credit unions ach. nk | | nouses, and other similar |
| Exa | amples: Checking, sa institutions. I o | If you hav | ve multiple acc | account | Institution n Sterling F | titution, list e | ares in credit unions ach. nk ust | | nouses, and other similar |
| Exa □ No ■ Ye 18. Bon Exa | amples: Checking, sa institutions. Instituti | 17.1. 17.2. 17.3. | Checking a Checking a Checking a | account account | Institution n Sterling F Illinois Ba Sterling F | ederal Bar ank and Tru | ares in credit unions ach. nk ust | | \$5.00 |
| Exa □ No ■ Ye 18. Bon Exa ■ No | amples: Checking, sa institutions. Instituti | 17.1. 17.2. 17.3. pr public investme | Checking a Checking a Checking a | account account account | Institution n Sterling F Illinois Ba Sterling F | ederal Bar ank and Tru | ares in credit unions ach. nk ust | | \$5.00 |
| Exa □ No ■ Ye 18. Bon Exa ■ No □ Ye 19. Non join | amples: Checking, sa institutions. Instituti | 17.1. 17.2. 17.3. or public investme | Checking a Checking a Checking a Checking a Illy traded stoomer accounts w Institution or is | account account account account | Institution n Sterling F Illinois Ba Sterling F ge firms, mon | ederal Bar ank and Tru ederal Bar ederal Bar | ares in credit unions ach. nk ust nk ccounts | s, brokerage h | \$5.00 |
| 18. Bon Exa No □ Ye 19. Non join | amples: Checking, sa institutions. Instituti | 17.1. 17.2. 17.3. or public investme | Checking a Checking a Checking a Checking a If traded stocent accounts we contact the cont | account account account account account | Institution n Sterling F Illinois Ba Sterling F ge firms, mon | ederal Bar ank and Tru ederal Bar ederal Bar | ares in credit unions ach. nk ust nk ccounts | s, brokerage h | \$5.00 \$400.00 |

Official Form 106A/B Schedule A/B: Property page 4

Issuer name:

Page 14 of 56 Document Michael R. Rangel Debtor 1 Debtor 2 Tammy L. Rangel Case number (if known) 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: 3M 401K 401K \$18,172.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. \$600.00 Rent--security deposit **Dave Knie** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information...

Case 16-81761

Doc 1

Filed 07/25/16

Entered 07/25/16 16:47:25

Desc Main

| | Case 16-81/61 | Doc 1 | Document | Page 15 of 56 | Desc Main |
|-----------------------|---|------------------|----------------------------|--|----------------------------|
| Debtor 1 Debtor 2 | Michael R. Rangel Tammy L. Rangel | | | Case number (if known) | |
| <i>Examp</i> ■ No | sts in insurance policies bles: Health, disability, or life Name the insurance compa | • | , | HSA); credit, homeowner's, or renter's insura | nce |
| | | pany name: | mey and her no raide. | Beneficiary: | Surrender or refund value: |
| If you a some of | terest in property that is deare the beneficiary of a living one has died. Give specific information | | | ed surance policy, or are currently entitled to rec | eive property because |
| <i>Exam</i> µ ■ No | s against third parties, who bles: Accidents, employmen | | | it or made a demand for payment s to sue | |
| ■ No | contingent and unliquidat Describe each claim | ed claims of | every nature, includin | g counterclaims of the debtor and rights t | o set off claims |
| ■ No | nancial assets you did not Give specific information | already list | | | |
| | | | | ny entries for pages you have attached | \$19,417.00 |
| Part 5: De | scribe Any Business-Related | Property You | Own or Have an Interest I | In. List any real estate in Part 1. | |
| | own or have any legal or equi | table interest i | n any business-related p | roperty? | |
| _ | o to Part 6. Go to line 38. | | | | |
| | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interest In. | |
| | own or have any legal or Go to Part 7. | equitable in | terest in any farm- or o | commercial fishing-related property? | |
| ☐ Yes | . Go to line 47. | | | | |
| Part 7: | Describe All Property You | Own or Have a | n Interest in That You Dic | d Not List Above | |
| Examp ■ No | have other property of an oles: Season tickets, country Give specific information | y club membe | | | |
| | · | | om Part 7. Write that n | umber here | \$0.00 |

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Michael R. Rangel Debtor 1 Debtor 2 Tammy L. Rangel Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$89,000.00 Part 2: Total vehicles, line 5 56. \$19,242.00 Part 3: Total personal and household items, line 15 57. \$5,220.00 Part 4: Total financial assets, line 36 58. \$19,417.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54

\$0.00

Copy personal property total

\$43,879.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

62.

\$132,879.00

\$43,879.00

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| | | | 111 1 11111. 11 11 11 11 | |
|---------------------|--------------------------|-------------------|--------------------------|------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael R. Range | el | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tammy L. Range | I | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | Observativity in |
| (II KHOWH) | | | | Check if this is |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | ···· · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption | |
|--|--------------------------------------|--|--|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | | | |
| 814 E. 14th St. Sterling, IL 61081 Whiteside County Only Debtor 1 resides in house. Line from Schedule A/B: 1.1 | \$89,000.00 | | \$15,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 | |
| 2007 Nissan Maxima 167,000 miles Line from Schedule A/B: 3.1 | \$3,821.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| Line Irom Scriedule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2007 Nissan Maxima 167,000 miles Line from Schedule A/B: 3.1 | \$3,821.00 | | \$1,421.00 | 735 ILCS 5/12-1001(b) | |
| Elle Holli Golloddio 775. GT | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2013 Chevrolet Malibu 36000 miles Line from Schedule A/B: 3.2 | \$15,021.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| Ellie II olii ooliodale 172. G.E | | | 100% of fair market value, up to any applicable statutory limit | | |
| 1991 Pontiac Grand Prix Unknown miles | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) | |
| Doesn't run. Belongs to Debtors' daughter Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Debtor 2 Tammy L. Rangel Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Household goods and furnishings: 735 ILCS 5/12-1001(b) \$4,810.00 \$4,810.00 Kitchen table and chairs - \$50, couch 100% of fair market value, up to - \$75, two side chairs - \$100, end any applicable statutory limit table - \$15, book shelf - \$20, TV -\$100, TV stand - \$40, wall decor -\$50, queen bed - \$100, queen size bedding - \$40, dresser - \$75, twin bed and Line from Schedule A/B: 6.1 Wearing apparel 735 ILCS 5/12-1001(a) \$400.00 \$400.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit Miscellaneous costume jewelry 735 ILCS 5/12-1001(b) \$10.00 \$10.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$40.00 \$40.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking account: Sterling Federal** 735 ILCS 5/12-1001(b) \$5.00 \$5.00 Bank Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking account: Illinois Bank and 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Trust Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking account: Sterling Federal** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 **Bank** Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401K: 3M 401K \$18,172.00 735 ILCS 5/12-1006 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Rent--security deposit: Dave Knie 735 ILCS 5/12-1001(b) \$600.00 \$600.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Michael R. Rangel

Debtor 1

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| | | | Document | Page 1 | 9 of 56 | | |
|----------|---------------------------------------|-----------------------|--|-----------------|-------------------------|--|--------------------------|
| Fill | in this informat | ion to identify you | r case: | | | | |
| Deh | otor 1 | Michael R. Rang | aal | | | | |
| DCD | _ | First Name | Middle Name | Last Name | | | |
| Deb | otor 2 | Tammy L. Range | el | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | | | NODTHERN BIOTRICT OF ILL | 111010 | | | |
| Unit | ted States Bankri | uptcy Court for the: | NORTHERN DISTRICT OF ILL | LINOIS | | | |
| Cas | se number | | | | | | |
| (if kn | | | | | | □ Check | if this is an |
| ` | , | | | | | _ | ded filing |
| | | | | | | | aca ming |
| Off | icial Form 1 | 106D | | | | | |
| | | | Who House Claims | C · · · - | al bu Duanant | | |
| <u> </u> | neaule D | : Creditors | Who Have Claims | Secure | ed by Propert | <u>y </u> | 12/15 |
| s ne | eded, copy the Ad ber (if known). | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| | | _ | | · ooboduloo | Vou hove nothing clas t | a rapart on this form | |
| | ino. Check thi | is box and submit th | nis form to the court with your other | scneaules. | rou nave nothing else t | o report on this form. | |
| | Yes. Fill in all | of the information b | pelow. | | | | |
| Par | List All S | ecured Claims | | | | | |
| | | | nore than one secured claim, list the cre | oditor congrato | Column A | Column B | Column C |
| for e | each claim. If more | than one creditor has | a particular claim, list the other creditor cal order according to the creditor's name | s in Part 2. As | | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Ally Financia | al | Describe the property that secures | the claim: | \$14,693.00 | \$15,021.00 | \$0.00 |
| | Creditor's Name | | 2013 Chevrolet Malibu 3600 | | <u> </u> | <u> </u> | |
| | | | 2013 Glieviolet Malibu 3000 | o mines | | | |
| | | | | | | | |
| | P.O. Box 380 | 0901 | As of the date you file, the claim is: | Check all that | | | |
| | Bloomingtor | | apply. Contingent | | | | |
| | Number, Street, City | <u> </u> | ☐ Unliquidated | | | | |
| | Number, Street, City | y, State & Zip Code | | | | | |
| Who | o owes the debt? | Check one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | | Officer offic. | _ | | a aura d | | |
| _ | Debtor 1 only | | ☐ An agreement you made (such as car loan) | mortgage or s | ecured | | |
| | Debtor 2 only | | , — | | | | |
| _ | Debtor 1 and Debto | | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | | debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim | relates to a | Other (including a right to offset) | Purchase | Money Security | | |
| | community debt | | | | | | |
| Date | e debt was incurre | ed | Last 4 digits of account num | ber | | | |
| | | | - | | | | |
| 2.2 | Branch Bank | k & Trust Co. | Describe the property that secures | the claim: | \$79,967.10 | \$89,000.00 | \$0.00 |
| | Creditor's Name | | 814 E. 14th St. Sterling, IL 6 | | <u> </u> | | |
| | | | Whiteside County | 1001 | | | |
| | | | Only Debtor 1 resides in ho | use. | | | |
| | D.O. Boy 40 | 47 | As of the date you file, the claim is: | | | | |
| | P.O. Box 184 Wilson, NC 2 | | apply. | | | | |
| | | | Contingent | | | | |
| | Number, Street, City | y, State & Zip Code | Unliquidated | | | | |
| Wh | o owes the debt? | Chask and | Disputed | | | | |
| _ | | Check one. | Nature of lien. Check all that apply. | | | | |
| | Debtor 1 only | | ☐ An agreement you made (such as car loan) | mortgage or s | ecured | | |
| _ | Debtor 2 only | | | | | | |
| | Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | At least one of the o | debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim community debt | relates to a | ■ Other (including a right to offset) | First Mort | tgage | | |
| Date | e debt was incurre | ed | Last 4 digits of account num | ber | | | |

Official Form 106D

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| Debtor 1 | Michael R. F | Rangel | | Case number (if know) | |
|-----------|--------------------|------------------------------|------------------------------------|-----------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Tammy L. R | angel | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | - |
| Add the | dollar value of ye | our entries in Column A on t | this page. Write that number here: | \$94,660.10 | 1 |
| | | your form, add the dollar va | lue totals from all pages. | \$94,660.10 | |
| Write tha | at number here: | | | ψ3-7,000.10 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Case 10 01701 B | Document | Page 21 of 56 | 200 IVIAIII |
|---------------------------|--|--|---|-----------------------------|
| Fill in thi | s information to identify your ca | | | |
| Debtor 1 | Michael R. Rangel | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tammy L. Rangel | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLI | NOIS | |
| Case nur | mber | | | |
| (if known) | - | | | Check if this is an |
| | | | | amended filing |
| Official | Form 106E/F | | | |
| | ule E/F: Creditors WI | no Have Unsecured (| Claims | 12/15 |
| | | | claims and Part 2 for creditors with NONPRIORITY cl | |
| Schedule I eft. Attach | D: Creditors Who Have Claims Secu the Continuation Page to this page case number (if known). | red by Property. If more space is not a lift you have no information to repo | onot include any creditors with partially secured clain eeded, copy the Part you need, fill it out, number the e ort in a Part, do not file that Part. On the top of any ad | entries in the boxes on the |
| Part 1: | List All of Your PRIORITY Uns | | | |
| _ | y creditors have priority unsecured | claims against you? | | |
| ■ No | o. Go to Part 2. | | | |
| ☐ Ye | _ | | | |
| Part 2: | List All of Your NONPRIORITY | ' Unsecured Claims | | |
| 3. Do an | y creditors have nonpriority unsecu | red claims against you? | | |
| □ No | o. You have nothing to report in this par | rt. Submit this form to the court with ye | our other schedules. | |
| ■ Ye | ·S. | | | |
| unsec | ured claim, list the creditor separately one creditor holds a particular claim, lis | for each claim. For each claim listed, | creditor who holds each claim. If a creditor has more to identify what type of claim it is. Do not list claims already if ave more than three nonpriority unsecured claims fill out the | included in Part 1. If more |
| | | | | Total claim |
| | Capital One-Menards | Last 4 digits of acco | unt number | \$1,803.00 |
| | Ionpriority Creditor's Name P.O. Box 30253 | When was the debt i | neurrad? | |
| | Salt Lake City, UT 84130 | Wileli was the debt i | | _ |
| | lumber Street City State Zlp Code | As of the date you fil | le, the claim is: Check all that apply | |
| V | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | $\operatorname{\beth}$ At least one of the debtors and anot | her Type of NONPRIORI | ΓY unsecured claim: | |
| | ☐ Check if this claim is for a comm | unity Student loans | | |
| d | ebt | ☐ Obligations arising | out of a separation agreement or divorce that you did no | t |
| _ | s the claim subject to offset? | report as priority claim | | |
| | No | • | or profit-sharing plans, and other similar debts | |
| | ☐Yes | Other. Specify | harge card | |

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| Debtor | 72 Tammy L. Rangel | Case number (if know) | |
|--------|--|---|------------|
| 4.2 | CGH Medical Center | Last 4 digits of account number | \$266.90 |
| | Nonpriority Creditor's Name 101 E. LeFevre Road Sterling, IL 61081 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical bills | |
| 4.3 | CGH Medical CenterClinics | Last 4 digits of account number | \$1,452.47 |
| | Nonpriority Creditor's Name 101 E. Miller Road | When was the debt incurred? | |
| | Sterling, IL 61081 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical bills | |
| 4.4 | Citi Card Service Center | Last 4 digits of account number | \$4,336.00 |
| | Nonpriority Creditor's Name P. O. Box 6241 Sioux Falls, SD 57117 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | lacktriangle Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card | |
| | | | |

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Debtor 1 Michael R. Rangel

| Debto | or 2 Tammy L. Rangel | Case number (if know) | | | | |
|-------|---|---|------------|--|--|--|
| 4.5 | Client Services, Inc. | Last 4 digits of account number | \$1,269.88 | | | |
| | Nonpriority Creditor's Name 3451 Harry S. Truman Blvd. St. Charles, MO 63301-4047 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | , | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | □ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | □Yes | Collection agency for Firestone Dealer at CFNA | | | | |
| 4.6 | ComenityBergners | Last 4 digits of account number | \$2,288.00 | | | |
| | Nonpriority Creditor's Name P.O. Box 659813 San Antonio, TX 78265-9113 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Charge card | | | | |
| 4.7 | ComenityMaurices | Last 4 digits of account number | \$2,185.00 | | | |
| | Nonpriority Creditor's Name P.O. Box 659705 | When was the debt incurred? | | | | |
| | San Antonio, TX 78265-9705 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | у | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | □ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Charge card | | | | |
| | | | | | | |

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Debtor 1 Michael R. Rangel

| Debto | or 2 Tammy L. Rangel | Case number (if know) | |
|-------|--|---|------------|
| 4.8 | Convergent Outsourcing, Inc. | Last 4 digits of account number | \$5,542.56 |
| | Nonpriority Creditor's Name P.O. Box 9004 Renton, WA 98057-9004 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collection agency for Synchrony BankWal-Mart | |
| 4.9 | Kishwaukee Hospital | Last 4 digits of account number | \$2,651.08 |
| | Nonpriority Creditor's Name P.O. Box 739 Moline, IL 61266-0739 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical bills | |
| 4.1 | Portfolio Recovery Associates LLC | Last 4 digits of account number | \$3,006.45 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 12914 | When was the debt incurred? | |
| | Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collection agency for Synchrony BankWal-Mart | |
| | | | |

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| Dalata | 4 Michael B. Bongol | Document Page 25 of 56 | |
|--------|--|---|------------|
| | 1 Michael R. Rangel 2 Tammy L. Rangel | Case number (if know) | |
| 4.1 | Portfolio Recovery Associates LLC | Last 4 digits of account number | \$6,801.71 |
| | Nonpriority Creditor's Name P.O. Box 12903 | When was the debt incurred? | |
| | Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection agency for Synchrony BankOld Navy | |
| 4.1 | RRCA Accounts Management, Inc. | Last 4 digits of account number | \$4,297.88 |
| | Nonpriority Creditor's Name 201 East Third Street Sterling, IL 61081 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection agency for CGH Health Centers Ltd. | |
| | | | |
| 4.1 | Sears | Last 4 digits of account number | \$2,639.00 |
| | Nonpriority Creditor's Name P.O. Box 6283 Sioux Falls, SD 57117-6283 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify Charge card | |
| | 00 | - Other. Specify | |

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| Debtor 1 Debtor 2 | Michael R. Rangel Tammy L. Rangel | Case number (if know) | |
|----------------------|--|---|-------------|
| | Synchrony Bank/JCP | Last 4 digits of account number | \$8,134.00 |
| | Nonpriority Creditor's Name P.O. Box 965007 Orlando, FL 32896 | When was the debt incurred? | |
| ٦ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| 1 | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Charge card | |
| 1 U | Synchrony BankCare Credit Nonpriority Creditor's Name | Last 4 digits of account number | \$4,076.00 |
| | P.O. Box 965036 Orlando, FL 32896 | When was the debt incurred? | |
| ٦ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| (| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Charge card | |
| 4.1 | Synchrony BankSams Club | Last 4 digits of account number | \$1,920.00 |
| | Nonpriority Creditor's Name P.O. Box 965005 | When was the debt incurred? | |
| | Orlando, FL 32896 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge card | |

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Debtor 2 Tammy L. Rangel Case number (if know) 4.1 United Collection Bureau, Inc. \$1,196.91 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 1418 Maumee, OH 43537 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection agency for Chase Bank ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Advanced Call Center Technolo** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 9091 ■ Part 2: Creditors with Nonpriority Unsecured Claims Gray, TN 37615-9091 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Allied Interstate Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 361445 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43236 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ARS National Services, Inc. Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 469100 Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046-9100 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Retail Services Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Menards Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 71106 Charlotte, NC 28272-1106 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Central Credit Services LLC Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 20 Corporate Hills Dr. Part 2: Creditors with Nonpriority Unsecured Claims Saint Charles, MO 63301-3749 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citi Cards Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 78045 ■ Part 2: Creditors with Nonpriority Unsecured Claims Phoenix, AZ 85062-8045 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Client Services. Inc. Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3451 Harry S. Truman Blvd. ■ Part 2: Creditors with Nonpriority Unsecured Claims St. Charles, MO 63301-4047 Last 4 digits of account number

Debtor 1 Michael R. Rangel

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| Debtor 1 Michael R. Rangel | Document 1 a | |
|---|--|--|
| Debtor 2 Tammy L. Rangel | | Case number (if know) |
| Name and Address Credit Corp Solutions, Inc. | On which entry in Part 1 or Part 2 Line 4.15 of (<i>Check one</i>): | · _ |
| 63 East 11400 South 408 | Line 4.13 of (Check one). | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Sandy, UT 84070 | | Part 2. Creditors with Nonphority Onsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | |
| Credit First P.O. Box 81083 | Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Cleveland, OH 44181 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| H & R Accounts, Inc. P.O. Box 672 | Line 4.9 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Moline, IL 61266-0672 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| • | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| NCC Business Services, Inc. | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 24739 Jacksonville, FL 32241-4739 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonvine, 1 L 32241-4733 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Portfolio Recovery Associates LLC | Line 4.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 12914 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Norfolk, VA 23541 | Last 4 digits of account number | |
| | - | |
| Name and Address Sam's Club/Synchrony Bank | On which entry in Part 1 or Part 2 Line 4.16 of (<i>Check one</i>): | 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 530942 | <u> </u> | Part 2: Creditors with Nonpriority Unsecured Claims |
| Atlanta, GA 30353-0942 | Last 4 digits of account number | at at a cooling man houp to be a cooling of the coo |
| | - | |
| Name and Address Synchrony Bank | On which entry in Part 1 or Part 2 Line 4.8 of (Check one): | 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 965024 | Line 4.0 of (Check one). | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Orlando, FL 32896-5024 | | - Fait 2. Cleditors with Nonphority offsecured claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | |
| Synchrony Bank P.O. Box 960061 | Line 4.15 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Orlando, FL 32896-0061 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | • |
| Synchrony Bank/JCP P.O. Box 960090 | Line 4.14 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Orlando, FL 32896-0090 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| , | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| Synchrony Bank/Old Navy | Line 4.11 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 965064 Orlando, FL 32896-5064 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| 5.1d.1d5, 1 2 52555 5554 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| United Collection Bureau, Inc. | Line <u>4.4</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 5620 Southwyck Blvd, Ste. 206 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Toledo, OH 43614 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? |
| United Recovery Systems | Line 4.13 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 722910 | • | Part 2: Creditors with Nonpriority Unsecured Claims |

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| Debtor 1 | Michael R. Rangel | 3 | |
|----------|-------------------|-----------------------|--|
| Debtor 2 | Tammy L. Rangel | Case number (if know) | |
| | | | |

Houston, TX 77272-2910

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 1 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 7 | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 53,866.84 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 53,866.84 |

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| | | | ill I add. 30 til 30 | |
|---------------------|--------------------------|-------------------|----------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael R. Range | el | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tammy L. Range | I | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Dave Knie Sterling, IL 61081 | Residential lease of Debtor 2, one year term, starting 11/1/15. |

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| | | Docume | ent Page 31 o | of 56 |
|-----------------------------|--|-------------------------------|--------------------------|--|
| Fill in this | s information to identify you | r case: | | |
| Debtor 1 | Michael R. Rang | jel | | |
| . | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fil | ing) Tammy L. Rang | Middle Name | Last Name | |
| | ates Bankruptcy Court for the: | | | |
| | | | | |
| Case num | nber | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your Co | debtors | | 12/15 |
| 501100 | dale III. Tour ook | | | 12/13 |
| our name | and number the entries in the eard case number (if knowing you have any codebtors? (if | n). Answer every question | ı. | o this page. On the top of any Additional Pages, write as a codebtor. |
| ■ No | | | | |
| | thin the last 8 years, have yo na, California, Idaho, Louisian | | | y? (Community property states and territories include ington, and Wisconsin.) |
| | . Go to line 3. s. Did your spouse, former sp | ouse, or legal equivalent liv | e with you at the time? | |
| | | , 5 1 | • | |
| in lin Form | e 2 again as a codebtor only | if that person is a guaran | ntor or cosigner. Make s | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| 0 | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | _ |
| | | | | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | State | ZIP Code | |

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| Debtor 1 | Michael R. R | Rangel | | | |
|--|--|---|--|----------------------------------|--|
| Debtor 2 (Spouse, if filing) | Tammy L. R | angel | | | |
| United States Ban | kruptcy Court for the | : NORTHERN DISTRI | CT OF ILLINOIS | | |
| Case number (If known) | | | - | | eck if this is: An amended filing A supplement showing postpetition chap 13 income as of the following date: |
| Official Fo | | | | | MM / DD/ YYYY |
| $\triangle \cdot \cdot$ | I: Your Inc | ome | | | |
| Be as complete are supplying correct spouse. If you are attach a separate | nd accurate as possinformation. If you separated and you | sible. If two married peo are married and not fili Ir spouse is not filing w | ing jointly, and your spous ith you, do not include in | se is living wit ormation abo | btor 2), both are equally responsible the hyou, include information about your ut your spouse. If more space is need number (if known). Answer every quest |
| Be as complete ar supplying correct spouse. If you are attach a separate | and accurate as possinformation. If you separated and you sheet to this form. | sible. If two married peo are married and not fili Ir spouse is not filing w | ing jointly, and your spous ith you, do not include in | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your e information. If you have m | and accurate as possinformation. If you separated and you sheet to this form. Cribe Employment mployment | sible. If two married pec are married and not fili ir spouse is not filing w On the top of any addit | ing jointly, and your spous ith you, do not include int ional pages, write your na | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every ques |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your e information. If you have mattach a separatent a separa | nd accurate as poss information. If you separated and you sheet to this form. cribe Employment mployment | sible. If two married peo are married and not fili Ir spouse is not filing w | ing jointly, and your spous ith you, do not include int ional pages, write your na Debtor 1 | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every ques |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your e information. If you have mattach a separate | and accurate as possinformation. If you separated and you sheet to this form. Cribe Employment mployment ore than one job, rate page with | sible. If two married pec are married and not fili ir spouse is not filing w On the top of any addit | ing jointly, and your spousith you, do not include intional pages, write your na Debtor 1 Employed | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every question about your property of the property of th |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your enformation. If you have mattach a separate attach a separate nemployers. | and accurate as possinformation. If you separated and you separated to this form. Cribe Employment mployment ore than one job, rate page with bout additional time, seasonal, or | sible. If two married pec are married and not fili ir spouse is not filing w On the top of any addit | Debtor 1 Employed Not employed | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every question about your your your your personners of the property of the property of the property of the property of the your your your your your your your your |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your end information. If you have mattach a separate information a employers. Include part-t self-employed. | and accurate as possinformation. If you separated and you separated and you sheet to this form. It cribe Employment mployment ore than one job, rate page with bout additional time, seasonal, or it work. | sible. If two married pec are married and not fill ir spouse is not filling w On the top of any addit Employment status | Debtor 1 Employed Not employed Warehouse worker | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every question. Debtor 2 or non-filing spouse Employed Not employed Director of Dining |
| Be as complete are supplying correct spouse. If you are attach a separate Part 1: Des 1. Fill in your end information. If you have mattach a separate information a employers. Include part-t self-employed. | and accurate as possinformation. If you separated and you sheet to this form. Cribe Employment mployment ore than one job, rate page with bout additional time, seasonal, or diwork. | Sible. If two married per are married and not filing work on the top of any addit Employment status Occupation Employer's name | Debtor 1 Employed Not employed Warehouse worker | se is living wit ormation abo | h you, include information about your ut your spouse. If more space is need number (if known). Answer every question. Debtor 2 or non-filing spouse Employed Not employed Director of Dining |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

| | | | non- | riling spouse |
|----|------|----------|------|---------------|
| 2. | \$_ | 4,691.35 | \$ | 2,773.33 |
| 3. | +\$_ | 0.00 | +\$_ | 0.00 |
| 4. | \$ | 4.691.35 | \$ | 2.773.33 |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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| Debi | | Tammy L. Rangel | | (| Case | number (if k | nown) | | | | |
|------|--------------------|---|--------------|-----------|-----------|--------------|--------------|---------------|----------------|-----------------|-----------------|
| | | | | | For | Debtor 1 | | | or Debtor | | |
| | Cor | oy line 4 here | 4. | | \$ | 4,69 | 1.35 | \$ | n-filing s | ,773.33 | |
| _ | · | - | | | · — | ., | | | _ : | | - |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | | \$_ | | 2.20 | . \$_ | | 539.96 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$_ | | 0.00 | . \$_ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$_ | | 0.00 | - \$_ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$_ | | 7.19 | . \$_ | | 0.00 | _ |
| | 5e. | Insurance | 56 | | \$_ | | 5.19 | . \$ - ¢- | | 40.11 | _ |
| | 5f. | Domestic support obligations Union dues | 5f | | \$_ \$ | | 0.00 | - ф - | | 0.00 | _ |
| | 5g. 5h. | Other deductions. Specify: | 5g | յ. Դ.+ | \$ _ | | 0.00 0.00 | | | 0.00 | _ |
| c | | | _ | | · — | | | - '- | | | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ _ | 1,404 | | . \$_ | | 580.07 | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ _ | 3,280 | 6.77 | . \$_ | 2 | ,193.26 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a. | \$ | | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8k | | \$_ | | 0.00 | - \$ - | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | С. | \$ | | 0.00 | \$ | | 0.00 | - |
| | 8d. | Unemployment compensation | 80 | d. | \$_ | | 0.00 | \$ | | 0.00 | _ |
| | 8e. | Social Security | 86 | Э. | \$ | (| 0.00 | \$ | | 0.00 | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f _ 8g | | \$_ \$ | | 0.00 0.00 | \$ \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | า.+ | \$_ | | 0.00 | + \$ | | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | . [| \$ | | 0.00 | \$_ | | 0.0 | 0 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3.286.77 | + \$ | | .193.26 | = \$ | 5.480.03 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ_ | | 0,200.77 | | | ,133.20 | - - | 0,400.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | dep | | | | | • | Schedule | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | . , | | e. 12. | \$ | 5,480.03 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi monthl | ned y income |
| | | No. Yes. Explain: | | | | | | | | | |

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| Fill in this informa | ation to identify yo | our case: | | | | | |
|--------------------------------|---------------------------------------|----------------|--|---|-------------|--------------------|---|
| Debtor 1 | Michael R. R | Rangel | | | Ch | eck if this is: | |
| | | | | | | An amended filin | • |
| Debtor 2 | Tammy L. R | angel | | | | | owing postpetition chapter of the following date: |
| (Spouse, if filing) | | | | | | rs expenses as o | or the following date: |
| United States Bank | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Case number | | | | | | | |
| (If known) | | | | | | | |
| Official Fo | orm 106J | | | | | | |
| | J: Your | Fynar | 1606 | | | | 12/1: |
| | | | . If two married people ar | e filing together h | oth are ec | uually responsible | |
| information. If n | | eded, atta | ch another sheet to this | | | | |
| Part 1: Desc | ribe Your House | ehold | | | | | |
| 1. Is this a joi | nt case? | | | | | | |
| ☐ No. Go t | o line 2. | | | | | | |
| Yes. Do | es Debtor 2 live | in a separ | ate household? | | | | |
| 1 🗆 | No | | | | | | |
| | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | ebtor 2. | |
| 2. Do vou hav | /e dependents? | ■ No | | | | | |
| • | • | _ | Fill out this information for | Donandant's relati | ionahin ta | Dependent's | Dage dependent |
| Debtor 2. | Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| Do not state | e the | | | | | | □ No |
| dependents | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | _ Pes |
| | | | | | | | □ No |
| | | | | - | | | _ Yes |
| | | | | | | | □ No □ Yes |
| 3. Do vour ex | penses include | _ | N | | | _ | _ L Yes |
| expenses of | of people other t | han 🗖 | No Yes | | | | |
| yourself ar | nd your depende | nts? ⊔ | res | | | | |
| Part 2: Estin | nate Your Ongoi | ing Month | ly Expenses | | | | |
| | | | uptcy filing date unless y | | | | |
| expenses as of applicable date | | bankruptc | y is filed. If this is a supp | lemental Schedule | J, check | the box at the top | of the form and fill in the |
| • • | | | | _ | | | |
| | | | government assistance i cluded it on <i>Schedule I:</i> \ | | | | |
| (Official Form 1 | | a navo mo | nada it on ooncaare i. i | our moome | | Your ex | penses |
| | | | | | | | |
| | or home owners and any rent for th | | ises for your residence. In or lot. | nclude first mortgage | e 4. | \$ | 629.80 |
| . , | ded in line 4: | - | | | | | |
| 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | estate taxes erty, homeowner's | s, or renter | 's insurance | | 4a. 4b. | · | 0.00 |
| • | • | | upkeep expenses | | 4c. | | 0.00 |
| 4d. Home | eowner's associa | tion or con | dominium dues | | 4d. | · · | 0.00 |
| 5. Additional | mortgage payme | ents for vo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 |

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| Debtor 1 Debtor 2 | Michael R. Rangel Tammy L. Rangel | Sase num | ber (if known) | | | | | |
|----------------------|---|--------------|----------------|------------|--|--|--|--|
| obto: E | Talling E. Kangel | Jase Halli | | | | | | |
| 6. Utilit | ties: | | | | | | | |
| 6a. | Electricity, heat, natural gas | 6a. | | 460.00 | | | | |
| 6b. | Water, sewer, garbage collection | 6b. | · <u> </u> | 0.00 | | | | |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 229.00 | | | | |
| 6d. | Other. Specify: | 6d. | · | 0.00 | | | | |
| . Food | d and housekeeping supplies | 7. | \$ | 480.00 | | | | |
| _ | dcare and children's education costs | 8. | \$ | 0.00 | | | | |
| Clot | hing, laundry, and dry cleaning | 9. | * | 100.00 | | | | |
| | onal care products and services | 10. | \$ | 50.00 | | | | |
| | ical and dental expenses | 11. | \$ | 100.00 | | | | |
| | sportation. Include gas, maintenance, bus or train fare. | 10 | ¢. | 430.00 | | | | |
| | ot include car payments. | 12. | · | | | | | |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 150.00 | | | | |
| | ritable contributions and religious donations | 14. | \$ | 0.00 | | | | |
| i. Insu | | | | | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance | 15a. | \$ | 0.00 | | | | |
| | Health insurance | 15a. 15b. | * | | | | | |
| | Vehicle insurance | 15b. | · | 0.00 | | | | |
| | Other insurance. Specify: | 15c. 15d. | * | 69.50 | | | | |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 13u. | Φ | 0.00 | | | | |
| Spec | | 16. | \$ | 0.00 | | | | |
| | allment or lease payments: | | Ψ | 0.00 | | | | |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 | | | | |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 | | | | |
| | Other. Specify: | 17c. | · | 0.00 | | | | |
| | Other. Specify: | 17d. | * | 0.00 | | | | |
| | r payments of alimony, maintenance, and support that you did not report as | _ | <u> </u> | | | | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 | | | | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 | | | | |
| Spec | | 19. | | | | | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sched | | | | | | | |
| 20a. | Mortgages on other property | 20a. | | 0.00 | | | | |
| 20b. | Real estate taxes | 20b. | · | 0.00 | | | | |
| | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 | | | | |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 | | | | |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 | | | | |
| . Othe | er: Specify: Tolls | 21. | +\$ | 100.00 | | | | |
| Wee | ekends with sonexpenses | | +\$ | 400.00 | | | | |
| | | | | | | | | |
| | ulate your monthly expenses | | • | 2 400 20 | | | | |
| | Add lines 4 through 21. | | \$ | 3,198.30 | | | | |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 2,274.00 | | | | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,472.30 | | | | |
| . Calc | ulate your monthly net income. | | | | | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,480.03 | | | | |
| | Copy your monthly expenses from line 22c above. | 23b. | | 5,472.30 | | | | |
| _55. | | _55. | Ŧ | O, 71 2.00 | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | | | | | | | |
| | The result is your monthly net income. | 23c. | \$ | 7.73 | | | | |
| | , | | | | | | | |
| For e | Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | | |
| _ | , , , , | | | | | | | |
| ■ N | | | | | | | | |
| \square Y | es. Explain here: | | | | | | | |

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| Debtor Debtor | | ael R. Rangel my L. Rangel | | | | Case num | ber (if known) | |
|---------------------------------------|---|---|---|--|---|--------------------------------------|---|--|
| Fill in th | nis informa | ation to identify yo | our case: | | | | | |
| Debtor 1 | I | Michael R. R | angel | | | Check | if this is: | |
| Debtor 2 (Spouse | 2 e, if filing) | Tammy L. Ra | ngel | | | | on amended filing of supplement showing oxpenses as of the foll | postpetition chapter 13 owing date: |
| United S | States Bank | ruptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Case nu (If knowr | | | | | | | | |
| | | orm 106J-2 | | | | | La C Dall (a.) | |
| Use thi Debtor form of space | is form fo 2 have o nly with r is needed r every qu | r Debtor 2's sep ne or more depe espect to expen l, attach another | arate hou endents in ses for De sheet to | enses for Sepa sehold expenses ONLY I a common, list the depen- ebtor 2 that are not report this form. On the top of a | F Debtor 1 and De dents on both Sch ted on Schedule J | btor 2 ma edule J a . Be as co | intain separate hous nd this form. Answo Implete and accurat | seholds. If Debtor 1 and er the questions on this e as possible. If more |
| 1. D o | | Debtor 1 maintage Do not complete | • | ate households? | | | | |
| 2. D o | o you hav | e dependents? | □ No | | | | | |
| lis de re lis of | t all other | ependent | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 2 | ionship to | Dependent's age | Does dependent live with you? |
| | o not state | | | | | | | □ No |
| de | ependents | names. | | | Son | | 15 | ■ Yes |
| ٠ | | | | | Daughter | | 21 | □ No ■ Yes |
| | | | | | Daugnter | | | ■ res |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| ex | penses d | penses include If people other to d your depende | han $_{m \sqcap}$ | No Yes | | | | ☐ Yes |
| Part 2: | Estim | nate Your Ongoi | ng Monthi | ly Expenses | | | | |
| | | xpenses as of you | | uptcy filing date unless y y is filed. | ou are using this f | orm as a | supplement in a Cha | pter 13 case to report |
| | | | | government assistance in Schedule I: Your Incon | | | Your expenses | |
| | | or home owners | | uses for your residence. In or lot. | nclude first mortgag | e 4. | \$ | 615.00 |
| lf : | not includ | ded in line 4: | | | | | | |
| 4a | a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| 4b | | erty, homeowner's | | | | 4b. | * | 0.00 |
| 40 | . Home | e maintenance, re | pair, and i | upkeep expenses | | 4c. | Φ | 0.00 |

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| | tor 1 | | R. Rangel | | .h ('# l) | |
|-----|--------|--|--|---------|---------------------------------------|----------------------------|
| Deb | otor 2 | Tammy I | L. Kangei Ca | ase num | nber (if known) | |
| | 4d. | Homeown | er's association or condominium dues | 4d. | \$ | 0.00 |
| 5. | | | gage payments for your residence, such as home equity loans | 5. | | 0.00 |
| | | | | | · | |
| 6. | Utilit | | | | | |
| | 6a. | Electricity, | heat, natural gas | 6a. | · | 90.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | · | 80.00 |
| | 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 151.00 |
| | 6d. | Other. Spe | | 6d. | · | 0.00 |
| 7. | Food | d and house | ekeeping supplies | 7. | · | 500.00 |
| 8. | Child | dcare and c | hildren's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | hing, laund | ry, and dry cleaning | 9. | \$ | 160.00 |
| 10. | Pers | onal care p | roducts and services | 10. | | 50.00 |
| | | | ntal expenses | 11. | \$ | 0.00 |
| 12. | | | Include gas, maintenance, bus or train fare. | 40 | • | 60.00 |
| | | | ar payments. | 12. | · <u> </u> | 60.00 |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | · | 60.00 |
| | | | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. | average deducted from very particular dia linear 4 and 00 | | | |
| | | ot include in Life insura | surance deducted from your pay or included in lines 4 or 20. | 15a. | ¢ | 0.00 |
| | | Health ins | | 15a. | | |
| | | Vehicle ins | | 15b. | · | 0.00 72.00 |
| | | | rance. Specify: | 15d. | · - | |
| 16 | | | clude taxes deducted from your pay or included in lines 4 or 20. | _ 130. | Ψ | 0.00 |
| | Spec | cify: | , , , | _ 16. | \$ | 0.00 |
| 17. | | | ease payments: | 47- | Φ. | 045.00 |
| | | | ents for Vehicle 1 | 17a. | · - | 315.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Spe | | _ 17c. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| 10 | | | your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 10. | \$ | 0.00 |
| 19. | Spec | | s you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| 20 | | | erty expenses not included in lines 4 or 5 of this form or on Schedu | _ | our Income | |
| 20. | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | | 0.00 |
| | | | nomeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · : ——— | 0.00 |
| | | | er's association or condominium dues | 20e. | · | 0.00 |
| 21 | | r: Specify: | Laundromat | 21. | * | 60.00 |
| 21. | | ling Park | | | · · · · · · · · · · · · · · · · · · · | 35.00 |
| | On-S | | DISTRICT | - | \$ | 26.00 |
| | 011-0 | Jiai | | - | Ψ | 20.00 |
| 22. | The r | result is the | xpenses. Add lines 5 through 21. monthly expenses of Debtor 2. Copy the result to line 22b of Schedule Jal expenses for Debtor 1 and Debtor 2. | J to | | 2,274.00 |
| 23. | Line | not used on | this form. | | | |
| | Do you | ou expect a xample, do yo ication to the | an increase or decrease in your expenses within the year after you fou expect to finish paying for your car loan within the year or do you expect your moterms of your mortgage? | | | e or decrease because of a |
| | ■ No | 0. | | | | |
| | ☐ Ye | es. | Explain here: | | | |

| | mation to identify your | case: | | |
|------------------------------------|--|---------------------------|-----------------------------------|---|
| Debtor 1 | Michael R. Range | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tammy L. Rangel | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Forn | n 106Dec | | | |
| Declarat | ion About a | n Individual | Debtor's Sche | edules 12/15 |
| | | | | |
| If two married pe | eople are filing together | , both are equally respon | nsible for supplying correct in | nformation. |
| You must file thi | s form whenever you fi | le bankruptcy schedules | or amended schedules. Mak | ring a false statement, concealing property, or |
| obtaining money | or property by fraud in | n connection with a bank | | es up to \$250,000, or imprisonment for up to 20 |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | |
| | | | | |
| Sign | n Below | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out bankr | uptcy forms? |
| ■ No | | | | |
| ■ No | | | | |
| _ | dens of name | | | Attack Devilorates Detition Dranguage Nation |
| _ | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| _ | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ☐ Yes. N | · | | | Declaration, and Signature (Official Form 119) |
| ☐ Yes. N Under pena | lty of perjury, I declare | that I have read the sum | mary and schedules filed wit | Declaration, and Signature (Official Form 119) |
| ☐ Yes. N Under pena | · | that I have read the sum | mary and schedules filed wit | Declaration, and Signature (Official Form 119) |
| ☐ Yes. N Under pena | lty of perjury, I declare | that I have read the sum | X _/s/ Tammy L. R | Declaration, and Signature (Official Form 119) h this declaration and angel |
| Under pena that they are X /s/ Mic | lty of perjury, I declare e true and correct. hael R. Rangel el R. Rangel | that I have read the sum | X /s/ Tammy L. R Tammy L. Rang | Declaration, and Signature (Official Form 119) h this declaration and angel gel |
| Under pena that they are X /s/ Mic | lty of perjury, I declare e true and correct. hael R. Rangel | that I have read the sum | X _/s/ Tammy L. R | Declaration, and Signature (Official Form 119) h this declaration and angel gel |

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| E:II : | n this infor | nation to identify you | | | | | | |
|------------------|--------------------------|---|--|---|--|--|--|--|
| Debt | | | | | | | | |
| Debt | OI I | Michael R. Rang | Middle Name | Last Name | | | | |
| Debt | | Tammy L. Range | | | | | | |
| (Spous | se if, filing) | First Name | Middle Name | Last Name | | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | | | |
| Case (if know | e number wn) | | | | | ☐ Check if this is an amended filing | | |
| | | rm 107 of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/1 | | |
| inforr | mation. If moer (if know | nore space is needed, n). Answer every que | | this form. On the top of any | | | | |
| Part | | | rital Status and Where You | Lived Before | | | | |
| 1. \ | What is you | r current marital statu | s? | | | | | |
| | ■ Married □ Not ma | | | | | | | |
| 2. [| Ouring the I | ast 3 years, have you | lived anywhere other than | where you live now? | | | | |
| ı | □ No | | | | | | | |
| i | | st all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | | | |
| | Debtor 1 Pr | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | |
| | | | From-To: | □ Same as Debtor 6814 E. 14th St. Sterling, IL 6106 | | ☐ Same as Debtor 1 From-To: More than 3 years ago through November 1, 2015 | | |
| states | and territor | <i>ie</i> s include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Ner medule H: Your Codebtors (Of | vada, New Mexico, Puerto R | | rritory? (Community property and Wisconsin.) | | |
| Part | 2 Explai | in the Sources of You | r Income | | | | | |
| | | | | | | | | |
| F | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | time activities. | calendar years? | | |
| I | □ No | | | | | | | |
| ı | Yes. Fil | I in the details. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |

Entered 07/25/16 16:47:25 Case 16-81761 Doc 1 Filed 07/25/16 Desc Main Document Page 40 of 56 Michael R. Rangel Debtor 1 Debtor 2 Tammy L. Rangel Case number (if known) Debtor 1 Debtor 2 Sources of income Sources of income Gross income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$18,568.00 \$25,814.00 Wages, commissions, Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For last calendar year: \$56,003.00 \$28,624.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$49,000.00 \$25,365.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο П Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you

paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment Amount you Was this payment for ... Total amount still owe paid

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Document Page 41 of 56 Michael R. Rangel Debtor 1 Debtor 2 Tammy L. Rangel Case number (if known) **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe BB&T \$629.80 per month \$1,889.40 \$79,967.10 Mortgage P.O. Box 1847 ☐ Car Wilson, NC 27894 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Ally Financial \$315 per month \$945.00 \$14,693.00 ☐ Mortgage P.O. Box 380901 Car **Bloomington, MN 55438** ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Status of the case Nature of the case Court or agency Case number Michael R. Rangel v. Tammy L. **Whiteside County Circuit** Divorce Pending Rangel Court □ On appeal 15 D 106 Sterling, IL 61081 ☐ Concluded

15 OP 155

Whiteside County Circuit

Sterling, IL 61081

Court

Order of

protection

Tammy Rangel v. Michael Rangel

□ Pending

□ On appeal

Concluded

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Debtor 1 Michael R. Rangel Debtor 2 Tammy L. Rangel Case number (if known) Case title Nature of the case Court or agency Status of the case Case number Collection RRCA Accounts Management, Inc., Whiteside County Circuit Pending et al. v. Michael R. Rangel a/k/a Court □ On appeal Sterling, IL 61081 Michael Rangel and Tammy L. □ Concluded Rangel a/k/a Tammy Rangel 16 SC 842 ST Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Value Describe the gifts Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates you more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Date of your Describe the property you lost and Describe any insurance coverage for the loss Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

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Debtor 1 Michael R. Rangel Debtor 2 Tammy L. Rangel

Case number (if known)

| | consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition pre | | | | rices requi | red in your bankruptcy. | | |
|-----|---|---|--------------------------------|---|--|---|---|--|
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | ı | Description and variansferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment | |
| | Kelli D. Walker 1202 E. 4th St. Sterling, IL 61081 kelliwalker158@gmail.com | | Attorney's fees | and filing fee | | 6/29/16 | \$1,335.00 | |
| | Access Counseling, Inc. | | Credit counseli | ng | | 7/19/16 and 7/20/16 | \$29.90 | |
| 17. | Within 1 year before you filed for bankruptour promised to help you deal with your credit Do not include any payment or transfer that you | ors or | to make payments | | | y or transfer any prope | erty to anyone who | |
| | No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | | | | e any property or nts received or debts exchange | Date transfer was made | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi ■ No □ Yes. Fill in the details. | | | ny property to a se | elf-settled | trust or similar device | of which you are a | |
| | Name of trust | | Description and v | alue of the prope | rty transf | erred | Date Transfer was made | |
| Par | List of Certain Financial Accounts, Ir | strun | nents, Safe Deposi | t Boxes, and Stora | age Units | | | |
| | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, | or oth | ner financial accou | nts; certificates of | | • | | |
| | houses, pension funds, cooperatives, asso | ciatio | ons, and other tinal | ncial institutions. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | | | T | | D-1 | 1 - 11 1 | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | et 4 digits of count number | Type of account instrument | • | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |

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Debtor 1 Michael R. Rangel Tammy L. Rangel

Case number (if known)

| 21. | . Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
|-----|--|---|--|-------|---------------------------------------|-----------------------|--|--|--|--|
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | De | scribe the contents | Do you still have it? | | | | |
| 22. | Hav | e you stored property in a storage unit or pla | ace other than your home within 1 | yea | r before you filed for bankruptcy | ? | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | _ | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | De | scribe the contents | Do you still have it? | | | | |
| Par | t 9: | Identify Property You Hold or Control for S | Someone Else | | | | | | | |
| 2 | Da. | _ | | 4 | are barrery and from the starting for | or hald in tweet | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | | |
| | | ■ No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | _ | rner's Name dress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | | | | |
| Par | t 10: | Give Details About Environmental Informa | tion | | | | | | | |
| _ | | = | | | | | | | | |
| -or | tne p | ourpose of Part 10, the following definitions a | арріу: | | | | | | | |
| | toxi | rironmental law means any federal, state, or I c substances, wastes, or material into the air ulations controlling the cleanup of these sub | r, land, soil, surface water, ground | _ | • | | | | | |
| | | means any location, facility, or property as own, operate, or utilize it, including disposal s | | law, | whether you now own, operate, o | or utilize it or used | | | | |
| | | <i>ardous material</i> means anything an environn ardous material, pollutant, contaminant, or s | | wa | ste, hazardous substance, toxic s | substance, | | | | |
| ₹ер | ort a | Il notices, releases, and proceedings that yo | u know about, regardless of when | n the | ey occurred. | | | | | |
| 24. | Has | any governmental unit notified you that you | may be liable or potentially liable | unc | der or in violation of an environme | ental law? | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| 25. | Hav | e you notified any governmental unit of any | · | | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | |
| | Na | me of site | Governmental unit | | Environmental law, if you | Date of notice | | | | |
| | | dress (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | d | know it | Sale of Hotios | | | | |
| | | | | | | | | | | |

Entered 07/25/16 16:47:25 Case 16-81761 Doc 1 Filed 07/25/16 Desc Main Page 45 of 56 Document Debtor 1 Michael R. Rangel Case number (if known) Debtor 2 Tammy L. Rangel 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael R. Rangel /s/ Tammy L. Rangel Michael R. Rangel Tammy L. Rangel Signature of Debtor 1 Signature of Debtor 2 Date July 25, 2016 Date July 25, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | Docu | ment Page 46 of 56 | | | | |
|---|---|-----------------------|--|-------------------------|---|--|--|
| Fill in this inform | mation to identify your | case: | | | | | |
| Debtor 1 | Michael R. Range | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Tammy L. Rangel | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTI | RICT OF ILLINOIS | | | | |
| Case number | | | | | | | |
| (if known) | | | | _ | Check if this is an amended filing | | |
| Official Fo | rm 109 | | | | | | |
| | | n for Indivi | iduals Filing Under | Chanter 7 | 40/45 | | |
| Otatemer | it of intentio | ii ioi iiiaiv | duals I lillig Officer | onapici 1 | 12/15 | | |
| | ividual filing under cha e claims secured by yo | | out this form if: | | | | |
| _ | | | t and the d | | | | |
| You must file thi | ever is earlier, unless th | ithin 30 days after y | t expired. ou file your bankruptcy petition or by time for cause. You must also send | | | | |
| | eople are filing togethen nd date the form. | in a joint case, bot | n are equally responsible for supplyi | ng correct information. | Both debtors must | | |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). | | | | | | | |
| Part 1: List Yo | Part 1: List Your Creditors Who Have Secured Claims | | | | | | |
| 1. For any credit | 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the | | | | | | |
| | editor and the property the | nat is collateral | What do you intend to do with the p secures a debt? | | ou claim the property empt on Schedule C? | | |
| | | | | | | | |
| Creditor's A | Illy Financial | | ☐ Surrender the property. | □ No | 1 | | |

name: ☐ Retain the property and redeem it. Yes Retain the property and enter into a Description of 2013 Chevrolet Malibu 36000 Reaffirmation Agreement. miles property ☐ Retain the property and [explain]: securing debt: Creditor's Branch Bank & Trust Co. □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

Retain the property and [explain]:

Reaffirmation agreement as to Debtor 1

Part 2: List Your Unexpired Personal Property Leases

Whiteside County

814 E. 14th St. Sterling, IL 61081

Only Debtor 1 resides in house.

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

only.

Describe your unexpired personal property leases

Will the lease be assumed?

Yes

Official Form 108

Description of

securing debt:

property

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| Debtor 1 Debtor 2 | Michael R. Rangel Tammy L. Rangel | Case number (if known) |
|-------------------------|---|---|
| | | |
| Lessor's r | | □ No |
| Property: | on of leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | on of leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | on of leased | ☐ Yes |
| Lessor's r | name: on of leased | □ No |
| Property: | ni oi leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | on of leased | ☐ Yes |
| Lessor's r | | □ No |
| Property: | on of leased | □ Yes |
| Lessor's r | name: on of leased | □ No |
| Property: | ii oi leaseu | ☐ Yes |
| Part 3: | Sign Below | |
| Under per property t | nalty of perjury, I declare that I have indicated hat is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal |
| | lichael R. Rangel | X _/s/ Tammy L. Rangel |
| | hael R. Rangel ature of Debtor 1 | Tammy L. Rangel Signature of Debtor 2 |
| Date | | Date July 25, 2016 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-81761 Doc 1 Filed 07/25/16 Entered 07/25/16 16:47:25 Desc Main Document Page 52 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | Michael R. Rangel re Tammy L. Rangel | | Case No. | | |
|------|---|--|---|---|----|
| | - Talliny El Hallgo. | Debtor(s) | Chapter | 7 | _ |
| | DISCLOSURE OF COMPENSA | TION OF ATTOR | RNEY FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in | ne petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 1,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | 1,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation | on with any other person | unless they are mem | bers and associates of my law firm | l. |
| | ☐ I have agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render le | egal service for all aspects | of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and rendering at b. Preparation and filing of any petition, schedules, statement c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] Preparation and filing of reaffirmation agreement | of affairs and plan which confirmation hearing, an | may be required; | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any discharg any other adversary proceeding or contested 522(f)(2)(A) for avoidance of liens on househo court dates, amendments to schedules, and/o | geability actions, judio matter, and preparati old goods. Additional | cial lien avoidance on and filing of m ly, fee does NOT | notions pursuant to 11 USC include missed meetings or | |
| | CE | RTIFICATION | | | - |
| this | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding. | ement or arrangement for | payment to me for re | epresentation of the debtor(s) in | |
| - | July 25, 2016 Date | Is/ Kelli D. Walker Kelli D. Walker Signature of Attorne Kelli D. Walker, A 1202 E. 4th Street Sterling, IL 61081 815-535-0808 Fax kelliwalker158@g Name of law firm | , ttorney at Law, P. x: 815-535-0822 | c . | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Michael R. Rangel Tammy L. Rangel | | Case No. | |
|-------|---|---|-------------------|---------------------------|
| | running E. Runger | Debtor(s) | Chapter | 7 |
| | VERIF | TICATION OF CREDITOR M | IATRIX | |
| | | Number of | f Creditors: | 33 |
| | The above-named Debtor(s) here (our) knowledge. | eby verifies that the list of credi | itors is true and | correct to the best of my |
| Date: | July 25, 2016 | /s/ Michael R. Rangel Michael R. Rangel Signature of Debtor | | |
| Date: | July 25, 2016 | /s/ Tammy L. Rangel Tammy L. Rangel Signature of Debtor | | |

Advanced Call Center Technolo P.O. Box 9091 Gray, TN 37615-9091

Allied Interstate P.O. Box 361445 Columbus, OH 43236

Ally Financial P.O. Box 380901 Bloomington, MN 55438

ARS National Services, Inc. P.O. Box 469100 Escondido, CA 92046-9100

Branch Bank & Trust Co. P.O. Box 1847 Wilson, NC 27894

Capital One Retail Services Menards P.O. Box 71106 Charlotte, NC 28272-1106

Capital One-Menards P.O. Box 30253 Salt Lake City, UT 84130

Central Credit Services LLC 20 Corporate Hills Dr. Saint Charles, MO 63301-3749

CGH Medical Center 101 E. LeFevre Road Sterling, IL 61081

CGH Medical Center--Clinics 101 E. Miller Road Sterling, IL 61081

Citi Card Service Center P. O. Box 6241 Sioux Falls, SD 57117

Citi Cards P.O. Box 78045 Phoenix, AZ 85062-8045

Client Services, Inc. 3451 Harry S. Truman Blvd. St. Charles, MO 63301-4047

Comenity--Bergners P.O. Box 659813 San Antonio, TX 78265-9113

Comenity--Maurices
P.O. Box 659705
San Antonio, TX 78265-9705

Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057-9004

Credit Corp Solutions, Inc. 63 East 11400 South 408 Sandy, UT 84070

Credit First P.O. Box 81083 Cleveland, OH 44181

H & R Accounts, Inc. P.O. Box 672 Moline, IL 61266-0672

Kishwaukee Hospital P.O. Box 739 Moline, IL 61266-0739

NCC Business Services, Inc. P.O. Box 24739
Jacksonville, FL 32241-4739

Portfolio Recovery Associates LLC P.O. Box 12914 Norfolk, VA 23541

RRCA Accounts Management, Inc. 201 East Third Street Sterling, IL 61081

Sam's Club/Synchrony Bank P.O. Box 530942 Atlanta, GA 30353-0942

Sears
P.O. Box 6283
Sioux Falls, SD 57117-6283

Synchrony Bank/JCP P.O. Box 965007 Orlando, FL 32896

Synchrony Bank P.O. Box 960061 Orlando, FL 32896-0061

Synchrony Bank--Care Credit P.O. Box 965036 Orlando, FL 32896

Synchrony Bank--Sams Club P.O. Box 965005 Orlando, FL 32896

Synchrony Bank/JCP P.O. Box 960090 Orlando, FL 32896-0090

Synchrony Bank/Old Navy P.O. Box 965064 Orlando, FL 32896-5064

United Collection Bureau, Inc. 5620 Southwyck Blvd, Ste. 206 Toledo, OH 43614

United Recovery Systems P.O. Box 722910 Houston, TX 77272-2910